

## Montana Medicaid - Fee Schedule

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 46% of billed charges

**Anes Value:** Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.25.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2008 is \$34.14.

**\*If a valid, current code is not present, that code may be a non-covered service**

**Fees** The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

**Global Days** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code description

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

### Indicators

**Mult** - Multiple surgery guidelines do apply

**Bilat** - Bilateral. The procedure can be done bilaterally

**Assist** - Assistant. An assistant is allowed for this procedure

**Co-Surg** - Co-Surgery. A co-surgeon is allowed for this procedure

**Team** - A team of surgeons is allowed for this procedure

**Related** - The procedure code listed is separately billable

**Y** - indicator is applicable to this code

**Space** - this indicator does not apply to this code

**Policy Adjust** - M = Maternity, P = Mental Health, D = Profess. Differential, F = Family Planning

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
97003		OT EVALUATION	10/1/2007	RBRVS	\$52.57	\$52.57								D
97004		OT RE-EVALUATION	10/1/2007	RBRVS	\$31.06	\$31.06								D
97012		MECHANICAL TRACTION THERAPY	10/1/2007	RBRVS	\$9.57	\$9.57								D
97016		VASOPNEUMATIC DEVICE THERAPY	10/1/2007	RBRVS	\$9.55	\$9.55								D
97018		PARAFFIN BATH THERAPY	10/1/2007	RBRVS	\$4.51	\$4.51								D
97022		WHIRLPOOL THERAPY	10/1/2007	RBRVS	\$10.23	\$10.23								D
97024		DIATHERMY EG MICROWAVE	10/1/2007	RBRVS	\$3.33	\$3.33								D
97026		INFRARED THERAPY	10/1/2007	RBRVS	\$3.11	\$3.11								D
97028		ULTRAVIOLET THERAPY	10/1/2007	RBRVS	\$3.89	\$3.89								D
97032		ELECTRICAL STIMULATION	10/1/2007	RBRVS	\$10.53	\$10.53								D
97033		ELECTRIC CURRENT THERAPY	10/1/2007	RBRVS	\$14.15	\$14.15								D
97034		CONTRAST BATH THERAPY	10/1/2007	RBRVS	\$9.44	\$9.44								D
97035		ULTRASOUND THERAPY	10/1/2007	RBRVS	\$8.00	\$8.00								D
97036		HYDROTHERAPY	10/1/2007	RBRVS	\$15.68	\$15.68								D
97039		PHYSICAL THERAPY TREATMENT	7/1/2006	BY REPORT	\$0.00	\$0.00								D
97110		THERAPEUTIC EXERCISES	10/1/2007	RBRVS	\$18.48	\$18.48								D
97112		NEUROMUSCULAR REEDUCATION	10/1/2007	RBRVS	\$19.19	\$19.19								D
97113		AQUATIC THERAPY/EXERCISES	10/1/2007	RBRVS	\$21.82	\$21.82								D
97116		GAIT TRAINING THERAPY	10/1/2007	RBRVS	\$16.39	\$16.39								D
97124		MASSAGE THERAPY	10/1/2007	RBRVS	\$14.75	\$14.75								D
97139		PHYSICAL MEDICINE PROCEDURE	7/1/2006	BY REPORT	\$0.00	\$0.00								D
97140		MANUAL THERAPY	10/1/2007	RBRVS	\$17.49	\$17.49								D
97150		GROUP THERAPEUTIC PROCEDURES	10/1/2007	RBRVS	\$11.55	\$11.55								D
97530		THERAPEUTIC ACTIVITIES	10/1/2007	RBRVS	\$19.67	\$19.67								D
97532		COGNITIVE SKILLS DEVELOPMENT	10/1/2007	RBRVS	\$16.56	\$16.56								D
97533		SENSORY INTEGRATION	10/1/2007	RBRVS	\$17.53	\$17.53								D
97535		SELF CARE MNGMENT TRAINING	10/1/2007	RBRVS	\$19.67	\$19.67								D
97537		COMMUNITY/WORK REINTEGRATION	10/1/2007	RBRVS	\$18.00	\$18.00								D
97542		WHEELCHAIR MNGMENT TRAINING	10/1/2007	RBRVS	\$18.23	\$18.23								D
97545		WORK HARDENING	7/1/2003	BY REPORT	\$0.00	\$0.00								
97546		WORK HARDENING ADD-ON	7/1/2003	BY REPORT	\$0.00	\$0.00	ZZZ							
97597		ACTIVE WOUND CARE/20 CM OR <	10/1/2007	RBRVS	\$34.34	\$28.61								D
97598		ACTIVE WOUND CARE > 20 CM	10/1/2007	RBRVS	\$43.33	\$36.89								D
97602		WOUND(S) CARE NON-SELECTIVE	7/1/2006	RBRVS	\$0.00	\$0.00								D
97605		NEG PRESS WOUND TX < 50 CM	10/1/2007	RBRVS	\$22.95	\$19.13								D
97606		NEG PRESS WOUND TX > 50 CM	10/1/2007	RBRVS	\$24.84	\$21.03								D
97750		PHYSICAL PERFORMANCE TEST	10/1/2007	RBRVS	\$19.44	\$19.44								D
97755		ASSISTIVE TECHNOLOGY ASSESS	10/1/2007	RBRVS	\$23.01	\$23.01								D
97760		ORTHOTIC MGMT AND TRAINING	10/1/2007	RBRVS	\$20.66	\$20.66								D
97761		PROSTHETIC TRAINING	10/1/2007	RBRVS	\$18.73	\$18.73								D
97762		C/O FOR ORTHOTIC/PROSTH USE	10/1/2007	RBRVS	\$18.65	\$18.65								D
97799		PHYSICAL MEDICINE PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00								